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PTO/SB/21 (05-03)

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Application Number	10/604,387
Filing Date	July 16, 2003
First Named Inventor	Sandra Carr
Art Unit	2173
Examiner Name	
Attorney Docket Number	P03049101

Total Number of Pages in This Submission

3


**ENCLOSURES (Check all that apply)**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input checked="" type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
|---|--|---|

Remarks

1- Return Receipt Postcard

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	John C. Smith, Reg. No. 33,284
Signature	
Date	12-8-03

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	John C. Smith
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Signature

Date

12-8-03

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Carr et al. : Date: November 13, 2003  
Serial number: 10/604,387 : Group Art Unit: 2173  
Confirmation Number: 1386 : Examiner:  
Attorney Reference Number: P03049101 : Applicants' Attorney:  
John C. Smith  
Filed: July 16, 2003 : 4800 North Federal Highway, Suite A-207  
Boca Raton, Florida 33431  
Title: INTERACTIVE THREE- : Telephone number: (561) 394-4666  
DIMENSIONAL MULTIMEDIA I/O  
DEVICE FOR A COMPUTER

**PETITION TO MAKE SPECIAL UNDER 37 CFR 1.02(c) and MPEP 708.02**

The Honorable Commissioner of Patents and Trademarks  
Washington, D.C. 20231

Dear Sir:

This is a petition to make the above identified application special under 37 CFR 1.02 (c) and MPEP 708.02. Applicant respectfully requests that the above identified application be made special and be advanced in prosecution for the following reasons.

This petition is based on the age of the inventor. One of the inventors, Richard Geldbaugh, was born on May 7, 1938 and is over 65 years of age. A copy of the inventor's birth certificate is attached to this document as evidence.

No fee is required for this petition under section 37 CFR 1.02 (d).

Respectfully submitted,

By: Richard Gelbaugh By: John C. Smith  
Richard Gelbaugh/Inventor John C. Smith/Attorney, Reg. No. 33,284

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Petitions, Commissioner for Patents, PO Box 1450, Alexandria, VA 22213-1450

on: 12-8-2003  
11-24-2003  
Deposit Date

John C. Smith  
John C. Smith, Reg. No. 33,284

11-24-2003  
Signature Date

Aug 04 0 12:03p G. Richard Geldbaugh 954 764-8894  
PLACE OF BIRTH Dist. No. 3981 Serial No. 33-  
(Dist. No. and Serial No. to be inserted by local Registrar)  
WEST VIRGINIA STATE DEPARTMENT OF HEALTH

DEC 11 2003  
JC95  
TRADEMARK OFFICE

County of Preston  
District of Valley  
Town or City of Arthurdale  
No. Community Health Center  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

Full Name of Child George Richard Geldbaugh  
(Do not write in this space if child is not yet named)  
(If child is not yet named, make supplemental report, of name, later.)

Sex of Child M	4. Is this child a Twin or Triplet No	5. If twin give number in order of birth	6. Premature Full term X	7. Are parents Married Yes	8. Date of birth 5 7 19 38 (Month) (Day) (Year)
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1. Full Name George Geldbaugh	18. Name Before Marriage Elizabeth Fordyce
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2. P. O. Address Arthurdale, W. Va.	19. P. O. Address Arthurdale, W. Va.
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Color or Race White	12. Age at last birthday 28 (Years)	20. Color or Race White	21. Age at last birthday 27 (Years)
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3. Birthplace Newburg, W. Va.	22. Birthplace Grafton, W. Va.
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14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Public School	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work Present 19	25. Date (month and year) last engaged in this work Present 19
17. Total time (years) spent in this work 7	26. Total time (years) spent in this work 5

27. Did you place in each eye of the baby, a one per cent solution of Nitrate of Silver immediately after birth Yes	28. Please list the number of children born to this mother according to (a) (b) (c) (a) Born alive and now living 2 (b) Born alive and now dead (c) Stillborn
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IF STILLBORN	29. Period of gestation (Months)	30. Cause of Stillbirth Before Labor During Labor
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*  
I hereby certify that I attended the birth of this child, who was Born alive at 3:30 P.M.,  
on the date above stated. (Born alive or stillborn) (Hours A. M. or P. M.)  
When there was no attending physician or midwife, then the father, or mother, should make this return.  
(Signature) John P. Lehman, M.D.  
(Physician, Midwife, Parent)  
Arthurdale, W. Va.  
Filed 5-20 1938  
G. E. Keefner  
Registrar

I hereby certify that the above is a true photographic copy of a record filed with the Division of Vital Statistics, West Virginia State Department of Health, Charleston, West Virginia.

Witness my hand and seal this twenty-first day of November, 1980.  
Arthur Barthelmess  
Arthur Barthelmess, State Registrar